UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.13/Add.1
5 July 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session 1996
16-19 September 1996
Item 3 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Nigeria

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Nigeria for the period 1997 to 2001 in the amount of $67,000,000 from general resources, subject to the availability of funds, and $15,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. The prospects of Nigerian children and women for health and longevity have declined, with marked regional variations and the situation being generally worse in the north. One third of Nigerians live in poverty, exacerbated by economic stagnation, social and political instability, and rapid population growth. The lack of reliable and up-to-date data has constrained assessments of the situation of children and women, but the latest National Demographic and Health Survey shows that the infant mortality rate (IMR), which had declined from 200 to 114 per 1,000 live births between 1960 and 1990, has not improved since then. The under-five mortality rate (U5MR) has reached a plateau of 191 per 1,000 live births; it is currently 208 in urban slums. Malaria, diarrhoea, acute respiratory infections (ARI) and vaccine-preventable diseases account for the majority of under-five deaths. Immunization coverage has declined since 1991 and is now below 40 per cent. Health systems suffer from weakening political commitment and inadequate funding, a substantial collapse of infrastructure and the lack of capacity to sustain participatory management.

2. In some areas, the maternal mortality rate (MMR) is more than 1,000 per 100,000 live births. Driven by demands for high fertility, Nigerian women often begin their reproductive lives before they reach 16 years of age and then have repeated pregnancies with inadequate birth spacing. Uneducated women are at substantially increased risk because they have an average of two more children than women with secondary education. About 41 per cent of rural women receive no delivery care. Ill-informed and poorly nourished mothers, particularly adolescents, suffer many complications, including infections, pregnancy-related hypertension and obstructed labour. Traditional practices, such as female genital mutilation, are common and are particularly harmful to women and children. The incidence of sexually transmitted diseases and HIV/AIDS (5,201 reported cases in 1995) is on the rise, especially among youth in urban areas.

3. About one child in two suffers from stunting and nearly one third of women and children are anaemic. Endemic goitre and other signs of micronutrient deficiencies are common. Increasing protein-energy malnutrition, inadequate maternal and child care and limited access to health services are underlying causes of morbidity and mortality. There has been a 97 per cent reduction in the number of cases of dracunculiasis (guinea worm disease) since the 1980s. About two thirds of the population lack access to safe water and means of safe excreta disposal. Only 50 per cent of water facilities are functioning. Lack of government policies, dwindling resources and inadequate community involvement contribute to low levels of access to water and sanitation. This situation is worsening in low-income urban areas with rapidly increasing populations.

4. Low educational achievement in general and low literacy rates, especially for women, are constraints to realizing child survival, protection and development (CSPD) rights. According to the Federal Ministry of Education, primary school enrolment rose from 68 per cent in 1990 to 84 per cent in 1993, with 94 per cent of boys compared to 75 per cent of girls enrolled. The completion rate is only 61 per cent and the quality of education has fallen. In the north, girls' enrolment is constrained by the perceived low value of education, and completion rates are reduced by early marriage. In the south-east, many boys drop out of school to pursue more lucrative business options in the informal sector. A related constraint is limited communications; most people depend on traditional channels, and newspapers readership and access to television remain limited.

5. Improving the situation of Nigeria's children and that of their mothers and families will require immediate and sustained attention to revitalizing systems for social services; addressing the causes of excess morbidity and

mortality; reducing malnutrition and illiteracy; improving access to safe water and basic sanitation; and building local capacity to stimulate behavioural changes for development. Achievement of most of the goals for the 1990s will be difficult in view of the collapse of systems and the weak commitment and capacities of the Government. There are prospects for the achievement of the goals for dracunculiasis eradication, universal salt iodization (USI), the use rate for oral rehydration therapy (ORT) and the Baby-Friendly Hospital Initiative (BFHI), where significant progress has been made.

PROGRAMME COOPERATION, 1991-1996

6. UNICEF supported the Government in the formulation of the national programme of action (NPA), the development of local plans of action in eight States and strengthening of data collection and analysis capacity. UNICEF also helped the National Planning Commission (NPC) to establish an interministerial committee to monitor NPA performance and coordinate action on child-related concerns. Ratification of the Convention of the Rights of the Child established an ethical framework for the Government's advocacy for children and its efforts to express its commitment through programmes. Prior to the Government's signing of the Convention, efforts to intensify the commitment of Nigerian policy makers to the rights of children were marginally successful. Nigeria presented a report to the Committee on the Rights of the Child in 1995. Advocacy around the Convention led to the establishment of a child rights implementation steering committee. To strengthen the capacity of the media, the programme encouraged journalists to take greater interest in issues related to child rights. "The Progress of the Nigerian Child" is now published annually.

7. Health has been a prominent component of UNICEF-assisted programmes in Nigeria. The initial focus was on child survival, with the Bamako Initiative and onchocerciasis control added later. While the Bamako Initiative component was established in 53 Local Government Areas (LGAs) and was an improvement on previous vertical and narrowly focused programmes, major gaps include inadequate attention to such major health problems ARI, poor maternal and reproductive health, and malaria. Accomplishments included near universal child immunization, which was not sustained because of interruptions in the supply of vaccine. The expansion of outreach services through training of 10,000 clinic staff, 5,000 traditional birth attendants and 25,000 village health workers, and the establishment of 19 diarrhoea treatment units, accomplished between 80 and 100 per cent of the planned targets.

8. The nutrition programme initially focused on food production and processing and on infant and young child feeding. Following the mid-term review, the programme was adjusted so that it would address household nutrition security by improving family caring practices and the availability and use of basic staple foods. New strategies ensured a change of focus from food to micronutrient malnutrition activities, including exclusive breast-feeding through BFHI and USI. Access to iodized edible salt rose to above 80 per cent; 199 hospitals and health facilities were designated as "baby friendly"; and vitamin A supplementation reached 60 per cent of 6- to 24-month-old children and 70 per cent of post-partum mothers.

9. UNICEF assisted water and environmental sanitation programmes in 17 States, with a focus on the eradication of dracunculiasis. After the mid-term review, the programme emphasized sanitation and personal hygiene and increasing government management capacity. While 25 per cent of the planned physical outputs in water supply were achieved, outputs far exceeded targets for latrine construction due to the introduction of low-cost technologies. Progress in the water sector was limited by delays in building local manufacturing

facilities for hand-pumps and the lack of state-level institutional capacity to manage the programme. Since 1980, there has been a 97 per cent reduction in the number of cases of dracunculiasis, and with sustained effort, there is the potential to eradicate the disease before the end of the decade.

10. The basic education programme was developed around a community-focused, integrated primary education initiative, with projects on early child care, development and education, and women's education. Results were encouraging. The former project, supported by the Bernard van Leer Foundation, provided early stimulation to 145,000 preschool children by establishing, through community initiatives, 1,272 centres, exceeding planned targets. A women's education curriculum ratified by the National Council on Education is now being used for adult literacy programmes implemented nationally by the Government with donor assistance. The primary education project met the target of reaching 240 schools and training 1,400 lead trainers to produce and use teaching/learning materials. However, interventions for children in especially difficult circumstances (CEDC) were limited in both focus and results.

Lessons learned

11. The mid-term review and subsequent evaluations and reviews showed that programme objectives must be incorporated into mainstream government national planning and budgeting concerns. The programmes were constrained by the lack of capacity of sectoral ministries to influence substantially national policies and priorities for resource allocations. Given the fragility of overburdened and weak local government authorities, new programmes and projects should be carefully phased. When the advent of the mid-decade goals required the addition of new activities, this was successfully accommodated, with minimal disruptions, by careful phasing.

12. UNICEF efforts were characterized by weak coordination with other development partners, which contributed to fragmented, disjointed and sometimes incoherent programmes. To minimize duplication of effort, reduce wastage, prevent confusion and promote complementarity, future programmes will need to build and sustain stronger collaborative partnerships. They will also have to develop structures and mechanisms to promote intersectoral collaboration between line ministries and UNICEF-assisted programmes. The experience of multi-agency partnerships in such projects as dracunculiasis eradication, ORT and USI demonstrates that with a coordinated response, good results can be achieved despite the weakness of systems, political instability and an unfavorable economic environment.

13. An evaluation of the programme indicated that the selection of the 11 focus States and 155 LGAs was often influenced by political factors. Resources were not used optimally, and there was little difference in results between "focus" and "non-focus" States or LGAs. The new programme will need to use objective criteria to identify the locations of greatest needs in terms of poverty and its gender, regional and rural-urban dimensions. The lack of cost-sharing mechanisms and the adoption of campaign and vertical approaches undermined community involvement and ownership, and suggests that the new programme should use Bamako Initiative principles to foster ownership and co-management of programmes by families and communities. This will be one of the ways of coping with the effects of continuing structural, political and social instability and recurring administrative and policy shifts.

14. Experience in Nigeria has also increasingly shown that disasters (such as the recent outbreak of cerebro-spinal meningitis) and unanticipated administrative shifts, i.e., the creation of new States and LGAs or administrative restructuring, have major negative implications for programmes.

Emergency preparedness, therefore, should be incorporated into programme planning at every level.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources : $67,000,000
Supplementary funding: $15,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	13 869	4 050	17 919
Nutrition	6 450	2 922	9 372
Water and environmental sanitation	8 800	3 000	11 800
Education	12 800	3 600	16 400
Urban basic services/children in especially difficult circumstances	2 400	600	3 000
Planning, monitoring and evaluation	4 706	600	5 306
Advocacy and programme communication	3 800	-	3 800
Programme support	14 175	228	14 403
Total	67 000	15 000	82 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme planning process

15. The 1997-2001 country programme follows a one-year bridging programme (1996) used to harmonize the programme cycles of United Nations agencies operating in Nigeria. The Government established an interministerial steering committee in November 1992 to lead the preparation process, under the aegis of the NPC. The recommendations made at the mid-term review and an updated situation analysis provided broad direction. A strategy formulation exercise, undertaken with broad participation by Nigeria's development partners (federal, state and local governments, United Nations agencies, donors, members of the Executive Board and non-governmental organizations (NGOs)) culminated in the articulation of a country note and subsequent refinement of the programme. The process benefited from Nigeria's endorsement of the programmes adopted by the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women. The country programme recommendation reflects the country's development priorities and strategies as defined within the overall framework of the draft country strategy note.

Objectives and strategy

16. The NPA reflects the Government's commitment to the Convention on the Rights of the Child and the goals of the World Summit for Children. The NPA goals for the year 2000 are to: (a) reduce IMR from 114 to 60 per 1,000 live births, U5MR from 191 to 80 per 1,000 live births and MMR from 1,000 to 750 per

100,000 live births; (b) reduce chronic undernutrition from 52 to 12 per cent, acute undernutrition from 11 to 5 per cent and the prevalence of low birth weight from 16 to 10 per cent; (c) reduce adult illiteracy from 49 to 28 per cent, achieve universal access to basic education and eliminate the education gender gap; and (d) achieve universal access to safe drinking water and safe human waste disposal.

17. The overall goal of the country programme is to support, with other development partners, the achievement of Nigeria's NPA goals taking into account the multitude of aforementioned constraints. The objectives are to enhance knowledge of the situation of children and women at all levels of Nigerian society; improve awareness and support implementation of the Convention on the Rights of the Child; strengthen the commitment and capacity of States and LGAs to accelerate the development and implementation of local plans of action (LPAs); support expansion of basic social services in the most underserved states, LGAs and communities; and develop communication packages to promote behavioural change in support of NPA goals. The objectives of the component programmes are anchored to the country programme objectives: advocacy for child rights supports implementation of the Convention on the Rights of the Child; building of databases for planning enhances knowledge about children's and women's issues; NPA decentralization in planning provides a framework for LPA formulation; interrelated sectoral programmes support expansion of basic social services and contribute to disparity reduction; and communication to promote behavioural change.

18. Strategies for sustainable programmes to address the deteriorating situation of children and women in Nigeria will be based on lessons learned and a pragmatic assessment of the programme environment. They will aim to reduce regional and gender disparities and empower personal and communal behavioural change. Specific strategies are to: (a) support the mainstreaming of a "children's agenda" to introduce the Convention on the Rights of the Child into the planning and budgeting process; (b) strategically phase-in project components through targeting inputs to the most disadvantaged communities; (c) reduce gender disparities by supporting specific initiatives for girls' education, reproductive health and safe motherhood, advocacy to promote legislation and communication to address harmful traditional practices and adolescent health; (d) develop systems through community participation, co-management and participation, as well as capacity-building; (e) enhance partnerships with United Nations and bilateral agencies, NGOs and community-based organization; and (f) integrate contingency and emergency preparedness into the planning process to strengthen programme continuity given an unstable political and economic environment.

19. The country programme has seven components to be implemented within the framework of LPAs to promote synergy and convergence. Health retains the central position, while education has been brought into greater prominence and urban basic services (UBS) and CEDC have been given higher profiles. Gender concerns have been incorporated into all programmes and thus not retained as a separate project, as originally foreseen in the country note. Consolidation has reduced the number of projects from 32 in the former country programme to 20 in the proposed programme. Most of the programme interventions will be targeted to 250 of Nigeria's 593 LGAs, most of which are within the 18 States covered by the water and sanitation programme and the 12 States covered by the education programme (with overlap in seven States). The LGAs were selected using criteria reflecting status in health, nutrition, education and water and sanitation. General resources will be used to implement the programme in 180 LGAs, with provision for expansion to 250 LGAs depending on the receipt of supplementary funds.

Health

20. The main objective of the programme is to revitalize the primary health care (PHC) system by providing a minimum care package in at least 250 LGAs, identified as the most underserved. This magnitude of coverage is critical to increase the immunization rate to 80 per cent; offer an integrated approach to the case management of the childhood illnesses to 60 per cent of the child population; increase access to reproductive health care; and reduce the incidence of malaria and other parasitic diseases, anaemia, childhood pneumonia, measles, diarrhoea, low birth weight and onchocerciasis in endemic areas. The programme consists of: (a) health policy and systems development; (b) health communications; (c) the National Programme on Immunization (NPI); (d) the integrated case management of childhood illnesses; (e) reproductive health and safe motherhood; and (f) the control of onchocerciasis and other chronic diseases.

21. The programme will be based on the principles of the Bamako Initiative as a means of revitalizing PHC systems and assuring the availability of a minimum care package sustained through cost-sharing and community co-management. Critical inputs such as vaccines for NPI will be provided by the Government. Strategies are advocacy to strengthen policy support for PHC; capacity-building through training and institutional development in both the public and private sectors; empowerment of women and communities; and strengthened linkages with activities in the areas of nutrition, sanitation, communication and education. Activities will include advocacy with policy makers and mobilization of communities to revitalize 2,500 PHC centres; training of health workers and the provision of essential drugs and supplies; enhancing community involvement; and strengthening management and logistic support systems and obstetric care. Partnerships with relevant government agencies and community organizations will be strengthened. UNICEF will collaborate with the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the World Health Organization (WHO), the European Union and the Overseas Development Administration (ODA) (United Kingdom) in reproductive health; with the World Bank and UNDP on PHC; and with WHO, the United States Agency for International Development and Christian Health Association of Nigeria and other NGOs on the integrated management of the sick child.

Nutrition

22. The objectives are to: (a) reduce malnutrition among children under five years of age and iron deficiency anaemia by 25 per cent in the 250 targeted LGAs; (b) reduce, nationally, vitamin A deficiency by 50 per cent and the incidence of low birth weight to 10 per cent; (c) sustain the universal use of iodized salt; and (d) increase exclusive breast-feeding to above 25 per cent and introduce proper complementary feeding. Programme components include advocacy, coordination and nutrition networking, maternal and child care and control of micronutrient malnutrition. Given that the major underlying cause of protein-energy malnutrition is poor child-caring practices rather than food availability, this issue will be addressed through coordinated interventions with the communication, health, education and sanitation programmes. Additional specific strategies are: advocacy for nutrition policy formulation; networking; and empowerment of women for proper child-caring practices, including infant and child feeding and food fortification. Major activities will include: (a) education of adolescent girls and women in child care and nutrition; (b) establishment of a nutrition information system at the community level; (c) vitamin A, iron and folic acid supplementation; (d) community-based growth monitoring and promotion; and (e) promotion of food diversification. The programme will develop partnerships with regard to policy initiatives and food diversification with the Food and Agriculture Organization of the United Nations, the International Fund for Agricultural Development and the World Bank;

and for food fortification, with the private sector and the United Nations Industrial Development Organization (UNIDO). States and LGAs will bear the cost of administering vitamin A and iron-folic acid supplements, extension services in support of food diversification and community-level growth monitoring and growth promotion.

Water and environmental sanitation

23. The objectives of the programme are to improve access to water and sanitation through two projects: water supply and environmental sanitation; and hygiene education. The major strategies will be advocacy for national programme and policy development; service delivery with improved private sector involvement and promotion of community management and maintenance; capacity-building through human resource development, support for local and community cottage industries; and empowerment for community-level behavioural change. The programme will: (a) establish 7,600 new and rehabilitate 3,400 existing sources of water and provide 230,000 low-cost latrines in the most deprived and dracunculiasis-infected communities in 18 States; (b) improve the functioning of water facilities to at least 80 per cent; (c) reduce by 50 per cent the amount of time spent on water collection by women and children from the current four hours daily in communities receiving water facilities; and (d) contribute to the eradication of dracunculiasis., Activities will include support for the establishment of State-level rural water supply and sanitation agencies and computerized system to improve databases for monitoring. Some 795 officials, 175 field-level managers and 5,000 village-based workers will receive training in hygiene education; 6,000 community-based artisans will be trained in the production of sandplat latrines; and 10,000 community caretakers in the maintenance of hand-pumps. The programme will strengthen collaboration with UNDP, Global 2000 for dracunculiasis eradication, UNIDO and the World Bank for private sector development, and the United Nations Centre for Human Settlements (Habitat) for urban areas.

Basic education

24. The programme will build the capacity of local communities in the planning and management of basic education. Specific objectives are to increase girls' enrolment in eight northern States from 30 to 60 per cent; increase boys' completion rates in eastern States from 40 to 80 per cent; and reduce the primary education gender gap nationally from 20 to 10 per cent. Strategies will include capacity-building and service delivery to improve the quality of education and the development and supply of teaching/learning materials; advocacy for compulsory education policies and legislation to ensure girls' education with an adequate curriculum; and social mobilization to foster community involvement in the improvement of schools. The programme will build on formal and non-formal education to reach the most underserved groups, especially girls. Key activities will include: (a) the training of 8,000 teachers, including 2,000 newly recruited female teachers in the north; (b) developing supplementary readers, instructional materials and teaching aids; and (c) supporting the administration of standardized achievement tests and comprehensive sector assessments in the 12 target States. Integration of interventions will improve the learning environment and bring about necessary behavioural and attitudinal changes. UNICEF will collaborate with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank, UNDP and other partners in the critical areas of monitoring learning achievement, developing reliable educational databases, advocacy for girls' education and teacher training. The Government finances the training of teaching and supervisory staff, teaching and learning materials and operational costs of supervision and monitoring. The salaries of teachers and supervisors are also paid by the Government.

Urban basic services/children in especially difficult circumstances

25. The programme aims to improve access to basic services to low-income urban areas and address the growing problem of CEDC. It will be implemented in two phases. During the first phase, the programme will focus on filling knowledge gaps and testing model approaches in six rapidly growing urban centres. The second phase will see further refinement and expansion, following the mid-term review and based on the experiences and understanding gained. Strategies include advocacy for closing policy gaps and sensitization of poor urban communities; capacity-building to strengthen institutional infrastructures to plan and implement basic services for the urban poor; and alliance-building with stakeholders. Major activities will include a baseline survey and situation analysis of CEDC in major cities; and mobilization of community participation in the implementation and co-management of basic services. These initial cross-sectoral activities are intended to promote community organization, skills development and income generation in six selected urban areas. The UBS/CEDC programme will foster strong intersectoral linkages. Service delivery components will be undertaken by the various sectoral programmes. Emphasis will be consensus and collaboration with such partners as the International Labour Organisation, the World Bank, Habitat, WHO, the United Nations Development Fund for Women, UNESCO, ODA and the Ford Foundation.

Planning, monitoring and evaluation

26. The programme, through three component projects, aims to contribute to capacity- and institution-building for the formulation and implementation of LPAs; strengthening the subnational database; and establishing mechanisms for monitoring and for forecasting and responding to emergencies. Decentralizing the NPA will provide a mechanism for participatory planning and facilitate convergence and integration of programme interventions through the State and LGA plans of action. Activities to be undertaken in partnership with United Nations agencies and other stakeholders will include: (a) support to NPC to review and update the NPA; (b) training of local leadership in gender-responsive programming and LPA formulation; (c) organizing annual and mid-term programme reviews and periodic updates on the situation of women and children; and (d) providing logistic support for planning and monitoring activities.

Advocacy and communication

27. The overall aim of the programme is positive behavioural change at community and household levels. Through two projects - programme communication and children's and women's rights - it will ensure support to mobilization and social marketing of sectoral programme needs; deepen national, subnational and community awareness of and commitment to implementation of the Convention of the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women; and enhance the understanding of gender issues, with the aim of eventually eliminating harmful traditional practices. Strategies will integrate a mix of interpersonal communication and mass media, primarily radio. Communities and opinion leaders will be empowered to make informed choices and adopt appropriate health practices. Ownership and accountability will be strengthened, as will alliances with local community networks and development workers. Key interventions will include: (a) support to community media and traditional information systems with improved communication for enhanced CSPD promotion; (b) training of media and community workers; (c) development of visual communication packages for use by community and front-line workers; and (d) outreach programmes focused on children's participation in CSPD information delivery. Collaboration will be strengthened with UNFPA, the United Nations Information Centre, the British Council and NGOs.

Monitoring and evaluation

28. The country programme will be monitored regularly through intersectoral review meetings, under the auspices of NPC, supplemented by frequent sector-specific reviews at national and subnational levels. Monitoring, through active involvement of UNICEF zonal offices, will focus on accountability, outputs, outcomes and selected impact indicators. Surveys and operational research will be undertaken under the framework of the integrated monitoring and evaluation plan. Data will come from surveys undertaken by the Federal Office of Statistics in collaboration with its State-level planning units and routine reports by sectoral ministries. Field visits will be undertaken to monitor project implementation. A formal mid-term review and complementary assessments will allow for necessary adjustments in the programme's focus and operational strategies. An end-of-cycle evaluation of the programme will be carried out in 2001.

Programme implementation and management

29. NPC is responsible for programme coordination. Sectoral ministries will designate project managers who will be responsible for programme implementation, monitoring and evaluation. UNICEF will contribute technical and financial assistance, monitor the utilization of resource inputs and prepare reports. Donors will participate in programme reviews and field visits and will receive timely reports on implementation. Through its four zonal offices, UNICEF will provide timely technical support to programme implementation at State and LGA level, thus complementing and strengthening the capacity of government and NGO partners. An activity-based costing exercise has shown that 30 per cent of programme funds are directly targeted at communities and another 37 per cent support the provision of services at district and LGA levels.

30. In view of the size and operational complexities of Nigeria and the increased emphasis on capacity-building and empowerment, a strong UNICEF field presence will continue to be required, including three zonal offices. This will also help to overcome weaknesses in local management capabilities and enhance accountability for the use of programme resources, hence the inclusion of a programme support component in the country programme.

Programme funding

31. Despite a downturn in the Nigerian economy and a limited share of the local greeting card market, net proceeds from the sale of greeting cards exceeded $700,000 in 1994-1995. With enhanced capacity, a widened fund-raising network, increased media awareness, direct contact and fund-raising events, revenues are expected to exceed $1,000,000 annually. Supplementary-funded contributions from external donors will be sought through increased visibility of the country programme and involving prospective donors in field visits and programme reviews. Supplementary-funded projects are extensions of programme interventions funded through core financial resources.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Nigeria	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	191	(1994)	Very high U5MR
Infant mortality rate	114	(1994)	Very high IMR
GNP per capita $	280	(1994)	Low-income GNP
Total population	108.5 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	2525	3373	4436	4855
Infant deaths (under 1)	(thousands)	302	395	507	553
Under-five deaths	(thousands)	505	659	849	927
Under-five mortality rate (per 1,000 live births)		200	196	191	191
Infant mortality rate (under 1) (per 1,000 live births)		120	117	114	114

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	..	36
(% weight for age, 1990)	Severe	..	12
Babies with low birth weight (%, 1979/1990)		18	16
Primary school children reaching grade 5 (%, 1985/1991)		66	87

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1990)	..	2
Timely complementary feeding rate (6-9 mos.) (%, 1990)	..	52
Continued breast-feeding rate (20-23 mos.) (%, 1990)	..	43
Prevalence of wasting (0-59 mos.) (%, 1990)	..	9
Prevalence of stunting (0-59 mos.) (%, 1990)	..	43
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	95	93
Total goitre rate (est.)	..	10
Household expenditure (% of total income, 1980 or 1985) All food/cereals	.. / ..	48 / 18

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%)		..	..
Access to health services	Total	35	66
(% of population, 1980/1989)	Urban/rural	75 / 25	85 / 62
Access to safe water	Total	37	40
(% of population, 1983/1993)	Urban/rural	60 / 30	63 / 26
Access to adequate sanitation	Total	..	35
(% of population, 1991)	Urban/rural	.. / ..	40 / 30
Births attended by trained personnel (%, 1980/1990)		40	37
Maternal mortality rate (per 100,000 live births, 1990)		..	1000

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	23	19	96	46
	DPT	24	10	57	41
	Polio	24	10	57	35
	Measles	55	14	54	41
Pregnant women (%) immunized against:	Tetanus	11	7	58	38

TABLE 1 (continued)

Nigeria

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	119 / ..	93 / ..
(%, 1980/1992)	Male	135 / ..	105 / ..
	Female	104 / ..	82 / ..
Secondary enrolment ratio (gross/net)	Total	21 / ..	29 / ..
(%, 1980/1992)	Male	27 / ..	32 / ..
	Female	14 / ..	27 / ..
Adult literacy rate, 15 years & older	Total	35	57
(%, 1980/1995)	Male/female	47 / 23	67 / 47
Radio/television sets (per 1,000 population, 1980/1993)		97 / 8	196 / 38

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	55070	72024	96154	108467	128786
Population aged 0-15 years	(thousands)	26262	33555	45692	51827	60872
Population aged 0-4 years	(thousands)	9800	13202	17786	20102	22497
Urban population (% of total)		20.0	27.1	35.2	38.8	43.3
Life expectancy at birth	Total	43	46	49	51	53
(years)	Male	41	44	48	49	52
	Female	44	47	51	53	55
Total fertility rate		6.5	6.5	6.5	6.3	5.7
Crude birth rate (per 1,000 population)		46	47	46	45	41
Crude death rate (per 1,000 population)		21	19	16	15	13

		About 1980	Most recent
Contraceptive prevalence rate (%, 1987)		..	6
Population annual growth rate	Total	2.6	2.9
(%, 1965-1980/1980-1994)	Urban	5.7	5.5

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		-2.5	1.2
Inflation rate (%, 1980-1985/1985-1994)		11	30
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%, 1992)	Top 20%/bottom 40%	.. / ..	49 / 15
Government expenditure	Health/education	.. / ..	1 / 3
(% of total expenditure, 1987)	Defence	..	3
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 4
Official development assistance:	$US millions	36	190
(1980/1994)	As % of GNP	0	1
Debt service (% of goods and services exports(1980/1992)		2	29

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1996 a/

COUNTRY: NIGERIA
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $81,000,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual b/	Planned c/	Actual	Planned c/	Actual	Planned
Health	14569	8700	1722	486	5641	185	4893	1141	26825	28143	10512	26792	37337	54935
Water supply and sanitation	14652	1195	899	53	2785	0	1567	464	19903	15810	1712	13396	21615	29206
Nutrition and household food security	1,620	336	916	89	1,573	52	1,069	61	5178	9,247	538	10,803	5716	20050
Education	2471	414	1245	305	1166	194	1633	110	6515	12833	1023	11327	7538	24160
Children in especially difficult circumstances	128	35	13	28	21	3	83	89	245	741	155	982	400	1723
Social mobilization and advocacy	455	200	313	292	1,319	0	1,128	208	3215	4,004	700	1,525	3915	5529
Gender in development	0	0	0	0	0	0	0	0	0	840	0	588	0	1428
Planning and social statistics	485	0	511	0	929	0	1,296	-11	3221	4,842	-11	1,209	3210	6051
Urban basic services	0	0	0	0	0	0	0	0	0	540	0	378	0	918
Programme support	626	0	0	0	1537	0	569	0	2732	4000	0	0	2732	4000
Recovery cost	0	0	0	0	0	0	0	82	0	0	82	0	82	0
Adjustment of prior cycle	-5	26	0	0	0	0	-3	0	-8	0	26	0	18	0
GRAND TOTAL	35001	10906	5619	1253	14971	434	12235	2144	67826	81000	14737	67000	82563	148000

GR = General resources.
FSF = Funded supplementary programmes.
SF = Supplementary programmes, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as at 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.
c/ Includes 1996 bridging programme (E/ICEF/1995/P/L.28).

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: NIGERIA
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
HEALTH	GR	2,837	2,832	2,741	2,732	2,727	13,869
	FSF						
	NSF	810	810	810	810	810	4,050
	TOTAL	3,647	3,642	3,551	3,542	3,537	17,919
ADVOCACY/PROGRAMME COMMUNICATION	GR	760	666	854	760	760	3,800
	FSF						
	NSF						
	TOTAL	760	666	854	760	760	3,800
PLANNING, MONITORING & EVALUATION	GR	945	945	939	939	938	4,706
	FSF						
	NSF	120	120	120	120	120	600
	TOTAL	1,065	1,065	1,059	1,059	1,058	5,306
PROGRAMME SUPPORT	GR	2,832	2,937	2,695	2,799	2,912	14,175
	FSF						
	NSF	51	53	40	41	43	228
	TOTAL	2,883	2,990	2,735	2,840	2,955	14,403
WATER AND ENVIRONMENTAL SANITATION	GR	1,664	1,760	1,856	1,760	1,760	8,800
	FSF						
	NSF	600	600	600	600	600	3,000
	TOTAL	2,264	2,360	2,456	2,360	2,360	11,800
NUTRITION	GR	1,322	1,321	1,275	1,269	1,263	6,450
	FSF						
	NSF	584	584	584	585	585	2,922
	TOTAL	1,906	1,905	1,859	1,854	1,848	9,372
EDUCATION	GR	2,560	2,459	2,560	2,661	2,560	12,800
	FSF						
	NSF	720	720	720	720	720	3,600
	TOTAL	3,280	3,179	3,280	3,381	3,280	16,400
URBAN BASIC SERVICES/CEDC	GR	480	480	480	480	480	2,400
	FSF						
	NSF	120	120	120	120	120	600
	TOTAL	600	600	600	600	600	3,000
TOTAL	GR	13,400	13,400	13,400	13,400	13,400	67,000
	FSF						
	NSF	3,005	3,007	2,994	2,996	2,998	15,000
	TOTAL	16,405	16,407	16,394	16,396	16,398	82,000

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

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TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : NIGERIA
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	13,869			13,869	0	0	1	0	0	0	1	6	4	11	905.7	1,022.4	1,928.1
ADVOCACY/PROGRAMME COMMUNICATION	3,800			3,800	0	0	0	1	0	0	1	5	4	10	829.2	928.9	1,758.1
PLANNING, MONITORING & EVALUATION	4,706			4,706	0	0	0	0	0	0	0	3	3	6	0.0	551.5	551.5
PROGRAMME SUPPORT	14,175			14,175	0	0	0	4	0	3	7	3	52	62	5,865.8	2,925.4	8,791.2
WATER AND ENVIRONMENTAL SANITATION	8,800			8,800	0	0	1	0	0	0	1	6	3	10	1,220.8	934.6	2,155.4
NUTRITION	6,450			6,450	0	0	0	0	0	0	0	6	2	8	315.1	788.1	1,103.2
EDUCATION	12,800			12,800	0	0	0	1	0	0	1	4	2	7	829.2	656.4	1,485.6
URBAN BASIC SERVICES/CEDC	2,400			2,400	0	0	0	0	0	0	0	2	0	2	0.0	258.9	258.9
TOTAL GR	67,000			67,000	0	0	2	6	0	3	11	35	70	116	9,965.8	8,066.2	18,032.0
SUPPLEMENTARY FUNDING :																	
HEALTH		0	4,050	4,050	0	0	0	0	0	0	0	1	3	4	0.0	262.9	262.9
ADVOCACY/PROGRAMME COMMUNICATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING, MONITORING & EVALUATION		0	600	600	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	228	228	0	0	0	0	0	0	0	0	6	6	0.0	227.7	227.7
WATER AND ENVIRONMENTAL SANITATION		0	3,000	3,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
NUTRITION		0	2,922	2,922	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EDUCATION		0	3,600	3,600	0	0	0	0	0	0	0	1	1	2	0.0	173.9	173.9
URBAN BASIC SERVICES/CEDC		0	600	600	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	15,000	15,000	0	0	0	0	0	0	0	2	10	12	0.0	664.5	664.5
TOTAL GR & SF	67,000	0	15,000	82,000	0	0	2	6	0	3	11	37	80	128	9,965.8	8,730.7	18,696.5
ADM. & PROGRAMME SUPPORT BUDGET		Operating costs		3,857.1													
		Staffing			1	0	3	0	1	0	5	6	28	39	4,473.1	2,584.6	7,057.7
GRAND TOTAL (GR+SF+ADM)					1	0	5	6	1	3	16	43	108	167	14,438.9	11,315.3	25,754.2
Number of posts and staff costs:																	
Current programme cycle											24	36	105	165			
At the end of proposed programme cycle (indicative only)											16	43	108	167	14,438.9	11,315.3	25,754.2

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.